

# Brattleboro Memorial Hospital

17 BELMONT AVE., BRATTLEBORO, VERMONT 05301 802-257-0341

EMERGENCY DEPARTMENT

MEDICAL RECORDS

\*35/36

Winhall camp Ranger Station

PATIENT NUMBER	DATE OF SERVICE	TIME	DATE OF DISCHARGE	TIME	MEDICAL RECORDS UNIT NUMBER
		17:30			
PATIENT'S LAST NAME	FIRST	AGE	PREVIOUS LAST NAME	AGE	SEX
		055Y			F
PATIENT ADDRESS					PATIENT'S PHONE
IN CASE OF EMERGENCY NOTIFY (NEXT OF KIN OR NEAREST RELATIVE) / ADDRESS					
OTHER RELATION					
SELF					
CASE DATA	TETANUS	LMP	METHOD OF ARRIVAL	MOTOR VEH. ACCIDENT / WORKMEN'S COMP.	
			walk		
NOTIFIED			ARRIVED	TIME/DATE	
1001					
VITAL SIGNS	TEMP	P	R	B	P
1800	101.6	93	22	109	57
CURRENT MEDICATIONS					
ESTROTEST					
PAST MEDICAL HISTORY					
MED hx, hysterectomy					
NURSE'S ASSESSMENT					
Hx of black flies 2 wks ago & "welts". This wk (wed) developed fever 101.4 & hrs - seemed to persist. This am has fever 101.6 conjunctivitis, gingivitis (hemorrhagic) and urethritis					
CLINICAL FINDINGS					
S - Fever, conjunctivitis, headache, vaginal irritation, rash, sore mouth all occur today. Had fever 3-4 days ago which went away. No ur2 rx. No G2 rx. Has been camping at T. Dams.					
O - Ill appear - mild facial - periorbital edema. + Bilateral conjunctivitis - Diffuse - 17 vesic. - papular rash trunk.					
A - febrile illness with conjunctivitis, rash, stomatitis, vaginitis. ? viral ? other					
DIAGNOSIS					
CONDITION ON DISCHARGE	<input type="checkbox"/> IMPROVED <input type="checkbox"/> STABLE		<input type="checkbox"/> NO CHANGE <input type="checkbox"/> OTHER		DISPOSITION
INSTRUCTIONS TO PATIENT	EMERGENCY CARE ONLY HAS BEEN GIVEN. IT <input type="checkbox"/> MAY BE <input type="checkbox"/> IS NECESSARY TO				
2- Linc / Xly. 1 Tylenol - po, Vay-ex ? Rest and full ID eval					
THIS IS TO CERTIFY THAT I HAVE RECEIVED AND UNDERSTAND INSTRUCTIONS GIVEN TO ME. BRATTLEBORO MEMORIAL HOSPITAL - E.R. DEPT.					
PATIENT SIGNATURE		NURSE SIGNATURE		PHYSICIAN SIGNATURE	
				DATE	

NURSE'S NOTES

2030 Tylenol given - IV fluids started. X-rays  
 Done - pt. has rash - to itching. Benedyl given per  
 order  
 2030

PERMISSION FOR EMERGENCY CARE

PERMISSION IS GRANTED TO AUTHORITIES OF HOSPITAL FOR SUCH PROCEDURES AS MAY BE NECESSARY IN THE CARE OF THE  
 PATIENT NAMED ON THE FACE OF THIS CHART.

_____ SIGNATURE	_____ RELATIONSHIP	_____ WITNESS	_____ DATE
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Patient is unable to consent because: \_\_\_\_\_

\_\_\_\_\_

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